

MISSISSIPPI DEVELOPMENT AUTHORITY
MISSISSIPPI INDUSTRY INCENTIVE FINANCING
REVOLVING FUND

APPLICATION

The following questions have been broadly designed to address the diversity in projects, which may participate in Mississippi Development Authority (MDA) Industry Incentive Finance Program.

The information required on this form is necessary to determine the eligibility of your project (the "Project") for financing under the Industry Incentive Finance Program. Please answer all questions. Insert "NONE" or "NOT APPLICABLE" where necessary. If an estimate is given, put "EST." after the figure. Attach additional sheets if more space is needed. Return the original and one (1) copy of this application to MDA.

If you have questions or need additional information contact the Financial Resources Division of MDA at (601) 359-2058

BUSINESS ENTERPRISE INFORMATION

1. Business Enterprise ("Business Enterprise"):

Legal Name:	
Principal Address:	
Federal tax identification number:	
Number of years operating in Mississippi	

2. Provide the project address if different from above:

Principal Address:	
COUNTY:	

3. Chief Executive Officer:

Name:	
Title:	
Address:	
Telephone number:	

4. Business Enterprise Contact:

Name:	
Title:	
Address:	
Telephone number:	
Email Address:	

5. The Business Enterprise is a Corporation: If yes, _____Public _____Private

If PUBLIC Corporation, on which exchange is it listed? _____

_____Sole Proprietorship

_____Partnership

_____Subchapter S Corporation

_____LLC

_____Other (specify) _____

6. State of incorporation, if applicable:

7. State the date the business enterprise began operations in the State of Mississippi:

8. Provide the following information in regard to principal stockholders, partners, or entities having 20% or more interest in the business enterprise:

NAME	HOME ADDRESS	PERCENTAGE OF OWNERSHIP

9. Provide the proper names and titles of the two (2) Business enterprise representatives who will be signing the grant documents on behalf of the Business enterprise:

EXACT NAMES OF ENTERPRISE REPRESENTATIVES	TITLE

10. Enterprise Attorney:

Name:	
Title:	
Name of firm:	
Address:	
Telephone number;	
Fax number	
Email	

11. Please furnish details in a separate attachment if YES is checked for any of items 11 (a) through (f) below:

- a. Have any of the persons listed in items 8 or 9 ever been charged with, or convicted of any criminal offense other than a minor motor vehicle violation?

_____ Yes _____ No

- b. Is Enterprise or management of Enterprise now a plaintiff or defendant in any civil or criminal litigation?

_____ Yes _____ No

- a. Have any of the persons listed in items 8 or 9 been subject to any disciplinary action, past or pending, by any administrative, governmental, or regulatory body?

_____ Yes _____ No

- d. Has the Enterprise or any person listed in items 8 or 9 above or any concern with which any person(s) listed in items 7 or 8 has been connected, ever been in receivership or adjudicated a bankrupt?

_____ Yes _____ No

- e. Has the Enterprise or any person listed in items 8 or 9 been denied a business-related license or had a license suspended or revoked by any administrative, governmental or regulatory agency?

_____ Yes _____ No

- f. Has the Enterprise or any person listed in items 8 or 9 been barred, suspended, or disqualified from contracting with any federal, state or municipal agency?

_____ Yes _____ No

12. Describe nature of the business and principal manufactured products or services provided by the Enterprise:

13. If the Enterprise owns the property where the Project site is located, how is title vested:

14. What is the Enterprise's fiscal year? _____

15. Identify and summarize all covenants and commitments contained in loan agreements, mortgages, indenture and other instruments which may restrict the freedom of any principal user to incur debt or to convey assets or to create liens on the Project:

- 16. Provide below the following information on any affiliated (through ownership or management control) or subsidiary businesses:**

NAME	HOME ADDRESS	PERCENTAGE OF OWNERSHIP

EMPLOYMENT

- 17. Provide the number of new, full-time jobs to be created by the project _____**
- 18. Provide the county for which the project will locate _____**

FUNDING REQUEST

- 19. AMOUNT REQUESTED: \$ _____**
- 20. PROVIDE A BRIEF DESCRIPTION OF THE PURPOSE FOR WHICH THE GRANT OR LOAN IS REQUESTED:**
- _____
- _____
- _____

21. PROVIDE A BRIEF DESCRIPTION OF THE FIXED ASSET TO BE FINANCED WITH THE GRANT OR LOAN:

22. PROVIDE THE SOURCE AND USE OF FUNDS:

PURPOSE AND USE OF FUNDS	MDA FUNDS*	ENTERPRISE INJECTION	BANK	OTHER	TOTAL
Equipment					
Building					
Rail					
Airport					
Highways-Roadways					
Water & Sewer					
Gas & Electrical					
Other					
TOTAL					

23. IDENTIFY THE BANK AND “OTHER” IF THESE ITEMS DENOTED IN ITEM 24 ABOVE:

Name of Bank:

Identify Other:

STRUCTURAL TO BE IMPROVED

24. Is the Enterprise located in a wetland or special flood hazard area designated by the Federal Energy Management Agency? _____ Yes _____ No

If yes, proof of adequate flood insurance must be provided as an attachment.

25. Is the real estate leased? _____ Yes _____ No

If yes, provide below the name, address and telephone number of the landlord and attach an authorization from landlord approving the Project:

Name:	
Address:	
Telephone number:	

REQUIRED ATTACHMENTS:

1. Describe the jobs and investment that are to be created through the funding of this grant or loan.
2. Submit the company balance sheets, income statements and statements of cash flow for the previous three fiscal years or three years of tax returns. Also include a current interim statements dated within 90 days of application.
3. If the Structure is leased, attach a copy of the landlord's authorization of the project.
4. Executed Enterprise Application Certification Exhibit A.
5. Provide a detailed cost estimate of the project including how the Industry Incentive Finance funds will be spent.

EXHIBIT A

**APPLICATION CERTIFICATION
FOR THE ENTERPRISE
MISSISSIPPI INDUSTRY INCENTIVE FINANCE PROGRAM**

I _____, hereby certify that I am the Responsible Company Officer designated by the Company to request funding. Further, as the Responsible Company Officer, I certify that the information and documentation provided to MDA by the Company for purposes of the Application are true and accurate, and contain no misrepresentations, falsifications, omissions or concealment of material facts. I further agree to timely advise MDA of any changes in such information and documentation and will answer any such further questions regarding same.

Name of the Enterprise:

Name of Responsible Enterprise Officer:

Signature of Responsible Enterprise Officer:
